

SEPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.
NAME OF INSTALLATION
INSTALLATION MAILING ADDRESS
LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
FMD042860023	1	

I. NAME OF INSTALLATION

DAYCO RUBBER PROD. INC. SPRINGFIELD PLT.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX	
3	BOX 3258 GS

RECEIVED
JAN 20 1987

**WASTE MANAGEMENT
PROGRAM**

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER	
5	2601 W BATTLEFIELD RD.

DEC 19 1986

**WASTE MANAGEMENT
PROGRAM**

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first & job title)	
2	JENSEN HOWARD FACT TECH.

PHONE NO. (area code & no.)

417-881-7440

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER	
8	ARMSTRONG RUBBER CO.

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- A. GENERATION B. TRANSPORTATION (complete item VII)
- C. TREAT/STORE/DISPOSE D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

- A. AIR B. RAIL C. HIGHWAY D. WATER E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided.

 A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



R00126792

RCRA RECORDS CENTER

We have DAYCO CORP
Battlefield Rd + Scenic Dr
Springfield, MD 205807
MOD042860023

is this the same facility?



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ATTACHMENT

FOR OFFICIAL USE ONLY

COMMENTS

C	C												
11114													

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F	T/A E	1
11114		

IP

I. NAME OF INSTALLATION

DAYCO RUBBER PROD. INC. SPRINGFIELD PLT.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3	BOX 3258 GS												
11114													

CITY OR TOWN

ST. ZIP CODE

4	SPRINGFIELD	M	065808
11114		40 41 42 43 44 45 46 47	51

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5	2601 W BATTLEFIELD RD.												
11114													

CITY OR TOWN

ST. ZIP CODE

6	SPRINGFIELD	M	065808
11114		40 41 42 43 44 45 46 47	51

DEC 19 1996

WASTE MANAGEMENT
PROGRAM

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2	JENSEN HOWARD FACT TECH.	417	881	7440
11114		601 61 62 63 64 65 66 67	68 69 70 71 72 73 74 75	76 77 78 79 70 71 72 73

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8	ARMSTRONG RUBBER CO.												
11114													

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

A. GENERATION

B. TRANSPORTATION (complete item VII)

C. TREAT/STORE/DISPOSE

D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input checked="" type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):
11	44	43	44	45

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

A. FIRST NOTIFICATION

B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

C. INSTALLATION'S EPA I.D. NO.

CONTINUE ON REVERSE

10. - FOR OFFICIAL USE ONLY

DESCRIPTION OF HAZARDOUS WASTES (continued from front)

HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1		2		3		4		5		6	
13 - 20		13 - 24		13 - 14		13 - 16		13 - 20		13 - 16	
7		8		9		10		11		12	
13 - 20		13 - 24		13 - 14		13 - 16		13 - 20		13 - 16	

HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
13 - 24	13 - 14	13 - 14	13 - 14	13 - 14	13 - 14
19	20	21	22	23	24
13 - 24	13 - 14	13 - 14	13 - 14	13 - 14	13 - 14
25	26	27	28	29	30
13 - 24	13 - 14	13 - 14	13 - 14	13 - 14	13 - 14

COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
33 - 10	33 - 11	33 - 12	33 - 13	33 - 14	33 - 15
37	38	39	40	41	42
33 - 20	33 - 21	33 - 22	33 - 23	33 - 24	33 - 25
43	44	45	46	47	48

LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 49 CFR Parts 251.21 - 251.26.)

1. TAXABLE
(P&G)

2. CORROSIVE
(DANGER)

2. REACTIVE
(P0023)

4. TOXIC
(P0001)

CERTIFICATION

certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
	Howard J. Jensen Fact. Tech.	12/16/86

Form 3700-13 (B-30) REVERSE

HORNADY OF CONCORD

DATE SIGNED

12/16/86

Howard J. Jensen Fact. Tech.

Howard D Jensen

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JAN 09 1987

STPG SECTION